

CLAIMS ONLY

6. DEPT. NO. **10/616809**
 APPLICANT(S)

7. FILING DATE

CLAIMS

| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | |
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| TOTAL NO. | 9 | | | | | | | TOTAL NO. | | | |
| TOTAL DEP. | 50 | | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | 59 | | | | | | | TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10616809

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 6 | | 9 | | | |
| TOTAL DEP. | 41 | | 50 | | | |
| TOTAL CLAIMS | 47 | | 59 | | | |